

GOVERNMENT OF THE DISTRICT OF COLUMBIA

SAMPLE NOTICE: MAGI Approval Notice

06/01/2023

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JOHN DOE
441 4TH STREET, NW
WASHINGTON, DC 20001

Subject: Medicaid Decision

Dear JOHN DOE

Congratulations!

The following person(s) qualify for Medicaid health coverage for an additional twelve (12) months. They are eligible for Medicaid coverage until June 30, 2024 assuming there are no changes that might affect you or your household member's eligibility for Medicaid that occur prior to that date.

JOHN DOE: Medicaid ID# 999999999

This limitation on Medicaid benefits for inmates in public institutions is supported by 42 U.S.C.S. § 1396d(a)(xvii)(29)(A), 42 C.F.R. §§ 435.1009 and 435.1010.

Medicaid, DC Healthcare Alliance, and Immigrant Children Program Questions? Call DHS Call Center at (202) 727- 5355 / TTY or districtdirect.dc.gov. Individual & Family health insurance questions? Call DC Health Link Customer Service at (855) 532-5465 / TTY 711 or go online to www.DCHealthLink.com.
[If Assister/ Broker Assigned] You may also contact [REDACTED]
<002_DRV_R1_Notice_Organization_BrokerName_S> at [REDACTED]
<002_DRV_R1_Notice_Organization_BrokerPhoneNumber_S>

Using Your Medicaid Health Coverage

The following person(s) can continue using your health coverage and can get health services from any doctor, clinic, or other health care provider who accepts Medicaid.

JOHN DOE: 999999999

If you added additional people on the renewal form and they were approved for Medicaid, we will send them their Medicaid card(s). In the meantime, they can use their Medicaid ID number(s) to get health services now. Their Medicaid ID number(s) is/are listed above.

What is Covered

Eligible person(s) can get many health services through Medicaid, including doctor's visits, hospital care, and prescriptions. Individuals under age 21 can also receive Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services which provide comprehensive screening, diagnostic, and treatment services for children. You will receive additional information from your health plan. (42 C.F.R. § 440.345).

You will have a \$1.00 co-payment for prescriptions and a \$2.00 co-payment for eyeglasses until enrollment into a Medicaid Health Plan.

[IF Incarcerated] Medicaid coverage during the period of a person's incarceration is limited to payment of medical services related to an inpatient hospital stay for more than twenty-four (24) hours. No other services for inmates will be covered by Medicaid. Medicaid will not pay for routine outpatient, medical, dental, medication services, or any health care services for individuals incarcerated in public institutions.

Choosing a Medicaid Health Plan

If you added additional people on the renewal form and they were approved for Medicaid, they will need to choose a health plan in the next 30 days. **If they do not select a health plan within 30 days, they will automatically be assigned to a plan.** We will send you more information about choosing a health plan in the mail. You can also call (800) 620-7802 to learn more about your plan options. Once enrolled in a health plan, they will receive a member identification card. Once they are enrolled in a Medicaid health plan they will have to go to doctors, clinics or other health care providers who accept their health plan. They should take both their Medicaid card and member identification card with them when they go to the doctor.

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Incarcerated individuals who are approved for limited Medicaid coverage may not select a Medicaid health plan until they are no longer incarcerated. Individuals while incarcerated should call (800) 620-7802 to learn more about your plan options. Individuals who were enrolled in a Medicaid Health Plan prior to incarceration will be placed back into that plan.

Medicaid Decision

The following person(s) were determined eligible for Medicaid based on their household size and income. We calculated household size and income based on what you told us on your application and information from other data sources.

Individual(s)
John Doe

Any person who qualifies for Medicaid, cannot qualify for Advanced Premium Tax Credits (APTCs) or Cost Sharing Reductions (CSRs) which help to pay for private insurance. 45 C.F.R. §155.305(f) and (g).

Information on your application or received in the renewal process indicated that person(s) listed on your application or renewal might be eligible for Medicaid for reasons other than income. The type of Medicaid coverage available may differ depending on how the person qualifies. We sent their information to the Medicaid agency to review their application or renewal. You will also need to complete a supplemental application form if you want the Medicaid agency to make a determination of eligibility. The form is available on-line at (dhs.dc.gov) or go to a Department of Human Services (DHS) Service Center. Please contact DC Health Link at (855) 532-5465 if you have any questions.

Other Available Services

Special Health Care Needs - You and/or your household members may qualify to get more health services if the following special health care needs exist:

- Do you have medical or mental health condition that limits the ability to work or go to school?
- Do you need help with daily activities, such as bathing or dressing?
- Do you need long term care services or a nursing home?

If you answered yes to any of these questions and want to see if you or your household members can get more health services through Medicaid, let us know. You may contact DC Health Link Customer Service at (855) 532-5465. You can keep your health coverage while we look at your information.

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Non-Health Services - You may also qualify for other assistance, such as help buying food. For more information call (855) 532-5465. If you are a pregnant woman, breast feeding, post-partum, or have a child under age five, you may be able to receive healthy and nutritious food through the WIC agency. Please contact the WIC hotline at 1-800-345-1WIC for more information and to see if you qualify.

Help Paying Unpaid Medical Bills

If you added additional people on the renewal form and they were approved for Medicaid, they may also be eligible for retroactive Medicaid. Retroactive Medicaid may pay past medical bills for individuals who would have been eligible for Medicaid during the three months prior to application if they had applied earlier. Individuals added on the renewal form must meet all eligibility requirements for Medicaid during the retroactive period to qualify for retroactive Medicaid coverage.

The Retroactive Medicaid Application Form can be found online at www.DCHealthLink.com/forms or at dhcf.dc.gov under the Policies tab, or the Contact Center can mail you a form. For more information please contact the DC Health Link contact center at 855.532.5465.

If you submitted Medical bills to see if you are eligible for retroactive coverage then the agency will review the documents to determine if you qualify. If you qualify for retroactive coverage your effective begin date of Medicaid may be earlier. You will receive a separate notice.

Reporting Changes for Individuals Receiving Medicaid

You must report any changes that might affect you or your household member's eligibility for Medicaid such as if:

- You move;
- Your income changes;
- Your household changes - For example, someone joins your household, someone leaves your household, you marry or divorce, become pregnant, or have/adopt a child;
- Your immigration status changes;
- You or a family member's incarceration status changes.

The law requiring you to report these changes can be found in the Code of Federal Regulations at: 42 C.F.R. § 435.916(c).

To report changes, you can go online and log in to your My Account, call the DC Health Link Customer Service at (855) 532-5465, mail, or go in person at one of our Service Centers.

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Renewing Coverage

You must renew your Medicaid health coverage every year. Watch for a letter at renewal time. Your renewal time will be in 6/30/2024.

Your Secure User Account

- Important information is stored in your account on our DC websites. If you don't have an account already and are seeking Medicaid, DC Healthcare Alliance, or Immigrant Children Program coverage, you can create one by going to districtdirect.dc.gov. Medicaid, DC Healthcare Alliance, or Immigrant Children Program customers can get help with logging in or creating an account by calling the DHS Call Center at (202) 727- 5355 / TTY 711.
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- If you don't have an account already and are seeking Individual & Family health insurance coverage, you can create one by going to www.DCHealthLink.com. Individual & Family health insurance customers can get help with logging in or creating an account by calling DC Health Link Customer Service toll-free at [\(855\) 532-5465](tel:8555325465) / TTY 711

If You Think We Made a Mistake

If you disagree with any determination about the amount or type of health care coverage benefits you or any of the other person in your household was found eligible for, you have the right to appeal the determination(s). You may request an appeal by phone, in person, online, and by mail. You must request an appeal **by 9/30/2023**. D.C. Official Code §4-210.09, 42 C.F.R. §431.221, and 45 C.F.R. §155.520. **See the insert for more information on your appeal rights**

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